

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11061	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name ALFRED RODRIGUEZ P.O. Box, Bldg., Room No., if any Street 3550 BASS CT City MORRIS State IL ZIP Code + 4 60450 9701	4. Name, file number, and address of labor organization. Name SHEET METAL WORKERS Local 265 Labor Organization File Number 026-754 P.O. Box, Building and Room Number, if any Street 205 ALEXANDRA WAY, City CAROL STREAM State IL ZIP Code + 4 60188
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Alfred Rodriguez

On

8-12-05

Date

815-942-4662

Telephone Number

Name of Person Filing

ALFRED RODRIGUEZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS JOINT
APPRENTICE AND TRAINING COMMITTEE
Trade Name, if any: SHEET METAL WORKERS 265

P O Box, Bldg., Room No., if any

Street 205 ALEXANDRA WAYCity CAROL STREAMState IL ZIP Code + 4 60188

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name.

Name

Trade Name, if any.

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

THIS IS THE PROGRAM TO TRAIN THE
APPRENTICES AND UP GRADE JOURNEY-
MENS TRAINING OF LOCAL 265.

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

TICKETS TO ATTEND GRADUATION
DINNERS AND HOTEL AND AIRFARE
PLUS EXPENSES.

12.b. Amount.

2029.91

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13 b Is the Business an Employer

or Consultant ?

14.b. Amount of payment.

Name of Person Filing

ALFRED RODRIGUEZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: SHOOT METAL WORKERS HEALTH & WELFARE PLAN

Trade Name, if any: SHOOT METAL WORKERS 265#

P.O. Box, Bldg., Room No., if any

Street: 205 ALEXANDRA WAY

City: CAROL STREAM

State: IL ZIP Code + 60188-

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name: HEALTH AND WELFARE PLAN 265#

Trade Name, if any: SHOOT METAL WORKERS

P.O. Box, Bldg., Room No., if any

Street: 205 ALEXANDRA WAY

City: CAROL STREAM

State: IL ZIP Code + 60188

11.a. Nature of such dealing.

AS A TRUSTEE ON THE PLAN TO ATTEND EDUCATIONAL MEETING.

11.b. Approximate dollar value of such dealing.

\$839.51

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any.

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. DEPARTMENT OF AGRICULTURE
200 CONSTITUTION AVE
NW ROOM N 566
WASHINGTON DC
20210

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
if YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1160 0002 4435 0420